

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43985**

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>5049</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Barry</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crane</u>		d. STREET ADDRESS (If rural, give location) <u>Crane R 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles south of Barry</u>							
3. NAME OF DECEASED (Type or Print) <u>Thomas</u>		a. (First) <u>Franklin</u>		c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>March 22-1883</u>	
9. AGE (in years last birthday) <u>67</u>		10. MONTHS <u>3</u>		11. DAYS <u>10</u>		12. IF UNDER 18: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Polk County Mo</u>	
13a. FATHER'S NAME <u>William Walker</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Eukira Walker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eukira Walker</u> ADDRESS <u>Aurora Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May 15, 1950</u> , to <u>July 2, 1950</u> , that I last saw the deceased alive on <u>June 15, 1950</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>O. W. Hudson M.D.</u> (Degree or title)				23b. ADDRESS <u>Aurora Mo</u>		23c. DATE SIGNED <u>July 5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/6/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-9-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Gene Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Marsh</u>		ADDRESS <u>Aurora Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. 349

working under my personal supervision.

Student Gene Harwood  
Student Embalmer

Signed

Ernie L. Marsh

Licensed Embalmer No. 3812

P. O. Address Amos, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.